



2016 COMMUNITY HEALTH NEEDS ASSESSMENT

Implementation Strategy Report — FY2017-19
Community Benefit Report — FY2016
Community Benefit Plan — FY 2017



Seton Medical Center
Seton Coastside

A Part of Verity Health

Together in Health



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Purpose of This Implementation Report

Seton Medical Center (Seton) conducted a Community Health Needs Assessment (CHNA) in 2015-2016 to meet the federal requirements of the Patient Protection and Affordable Care Act (ACA), and to inform Seton's investments into the health of its service area in the northern and coastal regions of North San Mateo County (SMC). The CHNA was approved by Seton Medical Center's Board of Directors on June 14, 2016, and in accordance with federal requirements, it is widely available to the public on Seton's website at <https://seton.verity.org/about-us/community-benefit>.

In this Implementation Report, Seton describes the strategies and resources used to tackle the highest priority health needs in our service area, as identified through the CHNA process. As such, this plan fulfills federal Internal Revenue Service (IRS) requirements that non-profit hospitals prepare a written plan at least once every three years that addresses each of the community health needs that were identified through the CHNA. It is also intended to fulfill requirements of the Office of Statewide Health Planning and Development (OHSPD) that private, non-profit hospitals like Seton Medical Center complete an annual community benefit report.

About Our Hospital

Seton Medical Center

Seton Medical Center has been serving the health care needs of San Francisco and northern San Mateo County since its founding as Mary's Help Hospital in 1893. The current hospital was built in 1965 and stands on a 33-acre campus.

Today, Seton Medical Center continues the tradition of patient-centric, quality health care to our entire community. Recognized for its stroke treatment, cardio-vascular excellence, including STEMI certification, Seton offers a comprehensive range of medical specialties on both an inpatient and outpatient basis, as well as emergency services.

Seton has a long tradition and a deep commitment to providing quality care to the communities we serve.

Seton Coastside

Seton Coastside provides skilled nursing care to 116 inpatient residents year-round, in addition to meeting the healthcare needs of our patients, and the surrounding coastal community. Our dedicated staff of interdisciplinary healthcare team professionals, provide excellent, and comprehensive healthcare. Seton Coastside operates the only 24-hour standby Emergency Department from Daly City to Santa Cruz, which is well-equipped and staffed to serve the needs of our community.

Our key medical services include physical, occupational and speech therapies, radiology, mammography and laboratory.

Description of Community Served

Seton Medical Center’s service area includes, but is not limited to, the cities of South San Francisco, Daly City, Colma, Brisbane, San Bruno, Pacifica, Montara, Moss Beach, Half Moon Bay and certain areas of San Francisco. Seton serves the North County/Coastal service area in which the U.S. Census counted a population of 284,838 in 2013. Fewer than one quarter (20%) of the residents in service area are under the age of 18, while one third (37%) are between the ages of 18 and 44. Fourteen percent are 65 years or older. The North County/Coastal service area cities have a diverse race/ethnic profile. The two largest racial subpopulations in the service area are White (41%) and Asian (39%). Across all racial groups, more than a quarter (26%) reported being of Hispanic/ Latino descent (the US Census Bureau does not consider Hispanic/ Latino to be a racial category). Data also indicate that nearly 8% of residents in the service area are living in poverty (100% of Federal Poverty Level, or FPL), similar to the proportion across San Mateo County as a whole. Nearly one in five North County/Coastal service area residents (19%) live below 200% of the FPL, and more than two in five (44%) households are overburdened by housing costs (i.e., housing costs exceed 30% of total household income).

Top Community Health Needs in 2016

Seton conducted the Community Health Needs Assessment in partnership with the Healthy Community Collaborative of San Mateo County (HCC), which consists of representatives from nonprofit hospitals, the County Health Department and Human Services, public agencies, and community-based organizations. The HCC was formed to identify and address the shared health needs of the community. The goals of the 2016 CHNA were to provide insight into the health of the community, prioritize local health needs, and identify areas for improvement.

Process to Gather Community Health Needs Assessment Data

To gather information for its local planning needs and to meet state and federal mandates, Seton took a comprehensive approach to complete the 2016 CHNA. A full description of the process, including information about respondents consulted and specific health data, can be found on Seton’s website at <https://seton.verity.org/about-us/community-benefit>. The following presents a summary of the planning process.

For the purposes of this assessment, Seton did not limit the definition of “community health” to traditional measures of health. In addition to the indicators about physical health of the county’s residents, the assessment included indicators related to the broader social and environmental determinants of health, such as access to healthcare, technology, affordable housing, childcare, education, and employment. This definition reflects Seton’s view that many factors impact community health, which in turn cannot be addressed without wider consideration of those factors.

To assess community health trends, Seton partnered with Applied Survey Research (ASR) to obtain secondary data from a variety of sources, including the US Census Bureau, American Community Survey, California Health Interview Survey, and San Mateo County’s 2013 Health & Quality of Life Survey. ASR also obtained primary data through direct community input: (a) key informant interviews with local

health experts, (b) focus groups with community leaders and representatives, and (c) resident focus groups. These discussions sought to answer two primary questions:

- What are the top or “priority” health needs in the community that are not being well-met now (compared to 2013)?
- What are the issues around access to healthcare and how has the ACA impacted access to healthcare for the community?

To gauge the relative priority of various health needs, ASR asked focus group members to generate a list of pressing health needs and then vote on those they felt were top priority, while interviewers asked key informants to list their community’s priority needs. ASR then tabulated how many focus groups prioritized each health need and how many key informants described each health need as a priority.

In the fall of 2015, ASR synthesized primary qualitative research and secondary data to create a list of health needs for Seton, and then filtered them against a set of criteria to reveal those that could be considered top health needs. To qualify as a top health need, each had to meet the following criteria:

1. Meeting the definition of a “health need,” which is a poor health outcome and its associated risk(s), or a risk that may lead to a poor health outcome,
2. Missing a state or national (Healthy People 2020) benchmark, and
3. Being supported by more than one source of data.

Top Health Needs

The 16 community health needs identified through the CHNA process are described below, in order of prioritization.

1. **Obesity/Diabetes (including fitness, nutrition).** There is a higher rate of diabetes among adults in the county compared to the HP2020 target. Blacks and low-income county residents disproportionately report having been diagnosed with diabetes. Diabetes is the eighth leading cause of death in the county. The rate of youth who are overweight in the North County/Coastal service area is higher in the county compared to California. Childhood obesity disproportionately affects Latino and Black children in the county. The percentage of county adults who exhibit healthy behaviors has dropped over time.
2. **Access & Delivery.** Latino residents and residents of “some other race” in the North County/Coastal service area are more likely to be uninsured than state residents. The proportion of county residents who report visiting a doctor for a routine checkup has been trending downward. Providers reported that more individuals are enrolled in health insurance, although they continue to use the ER or community clinics. Community members indicated that patients need help navigating the healthcare system.
3. **Behavioral Health.** The percentage of North County/Coastal service area adults who self-report excessive consumption of alcohol is higher than the state. In SMC, the percentage of adults who report mental and emotional problems is rising, and binge drinking among young adult males is trending up. In addition, suicide is one of the top 10 leading causes of death in the county. Community members expressed concern about a lack of resources, and youth focus group

participants in South San Francisco indicated that substance abuse is a more pressing issue in their community than any other health need. The stigma associated with behavioral health continues to exist.

4. **Heart Disease & Stroke.** Mortality rates for heart disease and stroke in the North County/Coastal service area are higher than HP2020 targets. Diseases of the heart are the leading cause of death in the county, and stroke is the fourth leading cause of death. Rising percentages of county adults report high cholesterol.
5. **Cancer.** Rates of breast cancer incidence and prostate cancer incidence in the North County/Coastal service area are higher than the state. In addition, the rate of colorectal cancer incidence in the North County/Coastal service area is higher than the Healthy People 2020 (HP2020) target. Certain ethnic groups (i.e., Blacks and Whites) in the service area are most affected by cancer and have incidence rates that fail or equal the state or HP2020 target. Cancer is the second leading cause of death in the county.
6. **Respiratory Conditions.** Adult asthma prevalence among adults in the North County/Coastal service area is higher than the state and in SMC has increased substantially over time. Respiratory conditions are the fifth leading cause of death in the county. Community members expressed concern about asthma, naming drivers of the disease such as mold and mildew, airborne particles, secondhand smoke, and smog from traffic.
7. **Economic Security (income, housing).** Ethnic disparities are seen in poverty and educational attainment, a major driver of economic security. Low-income county residents have poorer access to basic needs and have more trouble affording healthcare costs than those residents with higher incomes. Housing is less affordable in SMC than in the rest of the Bay Area, and housing prices are again on the rise.
8. **Oral & Dental Health.** The percentage of county adults who report having visited a dentist for a routine checkup in the past year has decreased from 1998 to 2013, and the percentage of adults in the county who lack dental insurance has increased. Low-income residents are disproportionately affected.
9. **Communicable Diseases (not STIs).** There has been a rise in the incidence rate of tuberculosis in the county over the past decade, and it remains higher than the state average. Pneumonia and influenza combined comprise the seventh leading cause of death in the county. Incidence rates of chlamydia, gonorrhea, and syphilis in the county are rising. New cases of gonorrhea, syphilis, and HIV in the county disproportionately occur among men who have sex with men (MSM).
10. **Violence & Abuse.** Although by almost all statistical measures, violence, crime, and abuse are trending down in the county, community perceptions have not changed over time. The rate of child abuse among Black families in the county is much higher than the state rate. In addition, human trafficking is an emerging issue in the county.
11. **Transportation & Traffic.** The total number of road miles per acre of land (road network density) in the North County/Coastal service area is higher than the county and state overall. Most residents drive to work alone rather than carpooling, taking public transit, or using another mode of transportation. Total vehicle miles of travel in the county have been rising and

correlate with motor vehicle crashes and vehicle exhaust, a factor in poor health outcomes. A lack of transportation disproportionately affects low-income, less-educated, Latino, and Black respondents.

- 12. Alzheimer's.** The proportion of older adult residents is increasing in SMC, and the mortality rate from Alzheimer's is higher in SMC compared to California. Alzheimer's disease is the third leading cause of death in the county.
- 13. Air Quality/Climate Change.** SMC is among the top U.S. metropolitan areas with the highest short-term particle pollution and one of the areas most polluted by ground-level ozone. Poor air quality can aggravate asthma and other respiratory conditions, while high levels of ground-level ozone can damage plants and ecosystems on which human health depends. Finally, SMC will be the California county most affected by rising sea level.¹
- 14. Unintentional Injuries (Falls).** The community expressed concern about older adults who are injured due to falls, especially because of the county's increasing proportion of older adult residents. The county's rate of adult deaths due to drowning is higher than the state's rate. Deaths from pedestrian and motor vehicle accidents in the county show ethnic disparities.
- 15. Birth Outcomes.** Birth outcomes data for SMC are generally good, but disparities exist based on ethnicity. For example, Black and Asian/Pacific Islander women are more likely to have low birthweight babies (15% and 9%) than women of other ethnicities in the county (between 5% and 8%). Black women in the county also disproportionately experience pre-term births and infant mortality compared to county residents overall.
- 16. Arthritis.** The adult arthritis prevalence rate in SMC is slightly higher than the state average, and the county has an increasing proportion of older adult residents.

¹ Heberger, Matthew, et al. The Impacts of Sea-Level Rise on the California Coast. Berkeley, CA: California Climate Change Center, 2009. Accessed May 17, 2016. <http://pacinst.org/wp-content/uploads/sites/21/2014/04/sea-level-rise.pdf>.

2016 – 2018 Implementation Plan

In this Implementation Plan, Seton describes the strategies and resources used to tackle the highest priority health needs in our service area, as identified through the CHNA process.

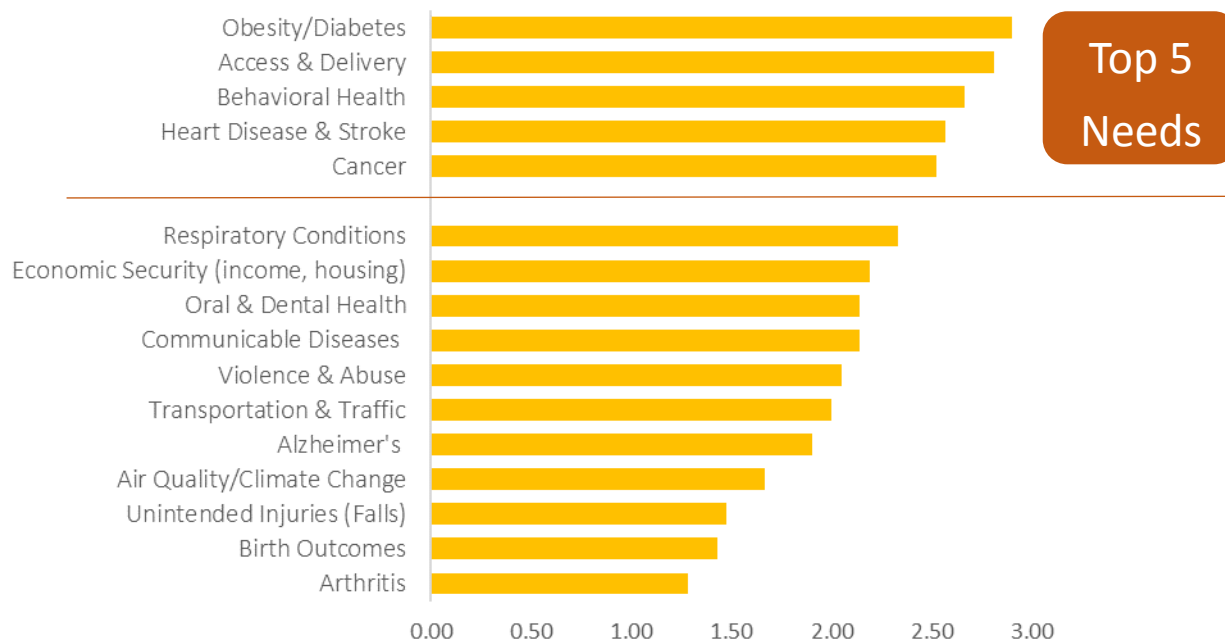
Method for Prioritizing and Selecting Health Needs

The entity charged with reviewing and prioritizing health needs was Seton’s Community Benefit Advisory Committee, which consists of the following health experts.

1. President and CEO, Seton Medical Center
2. Medical Directors, Radiation Oncology and Radiology, Seton Medical Center
3. Chief Operating Officer/Chief Nursing Officer, Seton Medical Center
4. Representative from American Cancer Society
5. Consultant who oversees the accreditation with the American College of Surgeons
6. Stroke STEMI Coordinator, Seton Medical Center
7. Director, Radiology, Seton Medical Center
8. Nurse Manager, Oncology Services, Seton Medical Center
9. Director, Business Development, Seton Medical Center
10. Financial Analyst, Seton Medical Center
11. Chaplain, Seton Medical Center

In May 2016, the Community Benefit Advisory Committee received a presentation of the data related to each of the 16 health needs found by the CHNA. Next, they scored each health need using three criteria: 1) Community’s prioritization of the need (number of times it was mentioned in focus groups or key informant interviews), 2) Seton Medical Center’s capacity to address the need, and 3) Expert’s prioritization of the need. For each health need, each of the three criteria was scored on a 1-3 scale, with 3 being highest and 1 one being lowest. The following presents the results of the list of health needs in Seton’s service area, in rank order of priority.

Top 16 Community Health needs, in Rank-order of Priority for Seton Medical Center



Priority Needs to be Addressed: Programs, Resources, and Anticipated Impact

Seton will address the top five prioritized needs listed above:

1. Obesity/Diabetes (including fitness, nutrition)
2. Access & Delivery
3. Behavioral Health
4. Heart Disease & Stroke
5. Cancer

The table below summarizes Seton's 2016 community benefit report and 2016-2018 implementation strategy for addressing the five prioritized health needs:

- Seton's actions to address priority need
- Anticipated Impacts of the actions
- Community Benefit categories, coded as follows:
 - Benefits for vulnerable populations, or "VP"
 - Benefits for the broader community, or "BC"
 - Health research, education, and training program, or "HRET"
 - Non-quantifiable benefits, or "NQB"
- Collaborating partners, if applicable
- Results achieved: The number of individuals who benefit from the actions and services provided
- Resources: The approximate economic value of fiscal resources committed each year.

Priority Need and Seton’s Actions	Anticipated Impact of the actions	Comm Benef. category (ies)	Partners, if applicable	Results Achieved			Resources		
				FY 2015-2016 Actual	FY 2016-2017 Planned	FY 2017-2018 Planned	FY 2015-2016 Actual	FY 2016-2017 Planned	FY 2017-2018 Planned
1. Obesity/Diabetes (including fitness, nutrition)									
Seton’s Diabetes Screening and Education Program	Provide early detection, prevention, screening, education, management, and support services improves outcomes and reduces complications for diabetics and pre-diabetics.	VP		Number served: 1,125			\$86,795	\$55,000	\$55,000
2. Access & Delivery									
RotaCare DalyCity	Provide access to urgent care for the uninsured improves health outcomes and reduces emergency department visits	VP		Number served: In-Kind Services			In Kind Services	\$25,500 cash grant for operations	\$25,500 cash grant for operations
RotaCare Coastside	Provide access to urgent care for the uninsured improves health outcomes and reduces emergency department visits	VP		Number served: In-Kind Services				\$10,000	\$10,000
Clinic By The Bay	Provide access to comprehensive primary care for the uninsured improves health outcomes and reduces emergency department visits	VP		Number served: In-Kind Services			In-Kind Services	\$10,000 for operations plus in-kind services	\$10,000 for operations plus in-kind services
Seton’s Health Benefit Resource Center	Provide information and referral service to link families to government-sponsored health benefits and social services, including Medi-Cal, Food Bank and Cal Fresh. The uninsured and	BC	Medi-Cal, CalFresh, county agencies	Number served: 1,895			\$77,205	\$100,000	\$100,000

Priority Need and Seton's Actions	Anticipated Impact of the actions	Comm Benef. category (ies)	Partners, if applicable	Results Achieved			Resources		
				FY 2015-2016 Actual	FY 2016-2017 Planned	FY 2017-2018 Planned	FY 2015-2016 Actual	FY 2016-2017 Planned	FY 2017-2018 Planned
	underinsured enroll in health insurance and have other basic needs met								
Seton's shuttle service *(offset with \$75Kgrant by county)	Provide transportation to/from hospital to BART for North County residents, thus increasing access to health services	BC	SamTrans	Number served: Approximately 400+			\$69,889	\$40,000	\$40,000
3. Behavioral Health									
GeroPsych	To Be Determined	VP							
Coastside SNF-DPU	To Be Determined	VP							
4. Heart disease and stroke									
Cardiac and Pulmonary Rehabilitation Program	Provide education, awareness, and rehabilitation services	BC		Number served: N/A			0	\$250,000	\$250,000
Blood Pressure Screenings and Community Health Education and Outreach: WalkAboutTalkAbout	Provide screening services to isolated community members	BC		Number served: 2,960			\$39,480	\$35,000	\$35,000
5. Cancer									
Clinical Education Activity	To Be Determined	BC		Number served: N/A			Event held	TBD	TBD
Cancer Support Group	To Be Determined	VP		Number served: Approximately 100			Meeting room space	Meeting room space	Meeting room space
6. All of the Areas Above									
Annual Community Health Fair	Conduct outreach to increase health awareness	BC	Fire and Police Department,	Number served: N/A			\$0	\$75,000	\$75,000

Priority Need and Seton's Actions	Anticipated Impact of the actions	Comm Benef. category (ies)	Partners, if applicable	Results Achieved			Resources		
				FY 2015-2016 Actual	FY 2016-2017 Planned	FY 2017-2018 Planned	FY 2015-2016 Actual	FY 2016-2017 Planned	FY 2017-2018 Planned
	and education in all 5 priority needs for the general population		Ambulance Companies, American Cancer, Pacifica Stroke, other CBOs						
Community Lecture Series	Increase community awareness and education on specific health topics	BC		Number served: N/A			\$0	\$35,000	\$35,000
Free meeting space for community groups	Contribute to the outcomes of the supported groups	BC		Number served: N/A			\$0	\$10,000	\$10,000
Small Grants ranging from \$2,000 to \$10,000 were made to 37 non-profit agencies providing health, social, and educational services in the SMC service area		VP BC		Number served: N/A			\$218,747	see below	see below
Program Administration costs							\$8,098	\$10,000	\$10,000
Estimated Total							\$500,214	\$635,500	\$625,500
Goal							\$431,887	\$794,324	\$794,324
Shortfall								(\$158,824)	(\$168,824)

In addition, the following grants may also be made:

- ALLICE – Intimate and domestic violence prevention and awareness
- Caritas – Camp for low-income youth in San Mateo County
- Coastside Adult Day Health Center – Support for seniors in the Coastside community
- Daly City Youth Health Center – Health and wellness for youth in North County
- Daly City Food Pantry — Second Harvest Food Bank- food for low-income and underserved
- Gifts of Love – Hospice care for homeless
- Holy Child/St. Martin Church – Support for health clinics and
- Latina Breast Cancer Agency – Wellness and prevention support for those served
- Pacific Stroke Association – Stroke awareness and education
- Peninsula Family Services – Support for those in need of housing and other services
- Others to be determined

Mechanisms to Evaluate the Plan

The table presented above will be used to and report the status of actions toward each of Seton’s selected health needs. Seton staff will gather the requisite data as programs are implemented. Where needed, Seton will use community conversations and dialogues to solicit the views of the community with respect to the quality of services, or barriers to services.

Priority Needs That Will Not be Addressed, and Reasons

The Community Benefit Advisory Council reviewed the 16 health needs and scored the 11 needs below as being of lower priority, considering the criteria of community resident priority, Seton’s ability to address, and local health experts’ view of urgency:

- Respiratory Conditions
- Economic Security (income, housing)
- Oral & Dental Health
- Communicable Diseases
- Violence & Abuse
- Transportation & Traffic
- Alzheimer's
- Air Quality/Climate Change
- Unintended Injuries (Falls)
- Birth Outcomes
- Arthritis

Attachments

2016 Community Health Needs Assessment (CHNA): <https://seton.verity.org/about-us/community-benefit>.